Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (Xz) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL018024 01/05/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4174 SHOOK ROAD CATAWBA VALLEY LIVING AT ROCK BARN CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (2.0)(EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSG IDENTIFYING INFORMATION) OROSS-REFERENCED TO THE APPROPRIATE DATE TAĢ TAG DEFICIENCY) C 000: Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on January 5, 2016. This facility was first licensed as a Home for the Aged serving 50 residents on 10/02/2004. Therefore the facility must meet the 2004 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code - General Construction - Section 407 Institutional Occupancy (Group I-2). Deficiencies were noted which will require a new Plan of Correction. 1-5-2016 C 111 C 111 Must Have Current San. & Fire Safety Reports The 2015 Fire Marchall Report SECTION .0300 - PHYSICAL PLANT was in the building during the survey. It is misdated as \$13/14 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and instead of 3/8/15. A copy is attached. The signature of our fire and building safety inspection reports which shall be maintained in the home and available for review. maintenance person, Eric Franklin, 1s dated 3/3/15. Also attached This Rule is not met as evidenced by: Based on observation, current reports were is the 2014 Fire Marshall Reports not available at the time of the survey. Findings include: The Fire Marshalls Report was not available at the time of the survey. C 133 C 133; Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE.

Ruma R Ocean Administrator

Contradition.

0099

6UTZ21

continuation about 1 of 6

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED B. WING HAL018024 01/05/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE 4174 SHOOK ROAD CATAWBA VALLEY LIVING AT ROCK BARN CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (KACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 133 Continued From page 1 C 133 ENVIRONMENT (a) The requirements for bathrooms and tollet The grab bar in the shower rooms are: Spa has been secured. (6) Hand grips shall be installed at all commodes, tubs and showers used by or Howeleaping staff will monister these base during accessible to residents: This Rule is not met as evidenced by: that weakly desning. 1. Based on observation, the facility was not maintained in a safe manner by having a loose Staff inserviced on reporting grab bar. Eafety losues. Findings Include: In the Spa near room 120 the grab bar in the center shower stall is coming loose from the wall. 1-28-16 C 183, Fire Extinguishers Fire extinguishers and Ansul C 183 System have been inspected. Administrator will follow up SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge). monthly to ensure these A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. inspections are properly (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where documented Reports will go applicable, in the maintenance shop. to QA Committee. This Rule is not met as evidenced by: Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that monthly inspections are not being performed per NFPA 10

b. The inspection tag on the Ansul hood

6UTZ21

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL018024 01/05/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4174 SHOOK ROAD CATAWBA VALLEY LIVING AT ROCK BARN CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LIGO IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 183: Continued From page 2 C 183 suppression system in the kitchen indicates that monthly inspections are not being performed. 1-6-2016 C 185: Fire Safety-Rehearsals on Each Shift C 185 Fire Drills will be conducted and documented for each shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR each quarter. The Quality EVACUATION Assurance Committee will (b) There shall be rehearsals of the fire plan. quarterly on each shift in accordance with the manitor this each quartet requirement of the local Fire Prevention Code to ensure all drills are. Enforcement Official. (c) Records of rehearsals shall be maintained completed. and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing. facilities. This Rule is not met as evidenced by: Based on observation and review of records. fire drills were not conducted on each shift during each quarter, Findings include: a. Records from 1st quarter of 2015 indicate no 1st shift drills were conducted. Records from 4th quarter of 2015 indicate no 2nd or 3rd shift drills were conducted. Ensure all 3 shifts conduct a fire drill during each quarter.

C 189 Building Equipment Maintained Safe, Operating

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

C 189

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (Xz) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL018024 01/05/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4174 SHOOK ROAD CATAWBA VALLEY LIVING AT ROCK BARN CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 189: Continued From page 3 C 189 REQUIREMENTS abede. (a) The building and all fire safety, electrical, Chaice Health Universal Construction mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and will repair sheetrock damage. Schaduled to start February 1.2+ operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) Completion estimated on February 19th which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The corridor ceiling near room 201 has been damaged by a leak b. The Spa ceiling near room 201 has been damaged by a leak £g.h.i. 1-14-2016 In the corridor near the Soiled Utility room at Cailing penetrations in the Boiler room 215 the wall and ceiling joint is separating. d. In the Clubhouse the ceiling is split open and Room, Clean Linen Room, Loundry there is mildew growing around the HVAC vents. Room and Solke Utility Room In the Dining Room the ceiling is split open. The Boiler Room has an unprotected ceiling have been repaired, with the proper fire stop material. penetration, and an open sleeve in the ceiling. g. The Clean Linen room at room 118 has an unprotected ceiling penetration. J. The Medication Technicians 1-18-16 have been inserviced on keeping The Laundry Room has unprotected ceiling penetrations at the gas line and the camera, and there is wall damage at the eye wash station. the Med Room door closed There is an unprotected ceiling penetration by PVC in the Soiled Utility room near room 114. at all times. The Med Room door is being held open.

These unprotected openings are not in

8UTZ21

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X8) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED B. WING HAL018024 01/05/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4174 SHOOK ROAD CATAWBA VALLEY LIVING AT ROCK BARN CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 189 Continued From page 4 C 189 conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. Based on observation, the building electrical. system was not maintained to keep the facility safe. (/22/2016 Access to the electrical bands in Findings include: In the Solled Linen Room near room 204 the the Soiled Liber Room has been access to the electrical panels is blocked. corrected by removing the In the Laundry there is exposed electrical wiring where equipment has been removed. trashean on wheels to another c. In the Laundry there is an electrical disconnect box missing a knockout. Laundry room wining and disconsect C 191 Unvented & Portable Elec. Heaters Prohibited C 191 box have been repaired. SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. 1/22/2016 (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. The portable electric heater (k) This Rule shall apply to new and existing has been removed. Staff Inserviced on prohibited facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: partable heaters. Based on observation, the facility was not maintained in a safe manner by having portable electric heaters in use. Findings include:

A portable electric heater was found in the

	of Health Service Ri										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/ČLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION © 01	(X3) DATE SURVEY COMPLETED						
		HAL018024	R. WING		01/05/201	6					
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE							
CATAWBA VALLEY LIVING AT ROCK BARN 4174 SHOOK ROAD CONOVER, NC 28613											
(X4) ID PREFIX TAG	(ÉACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COME	(5) PLETE NTE					
C 191	Continued From pa	ge 5	C 191								
	Resident Care Dire	otor office.									
1											
3	,		İ		!						
	1										
		'									
					!						
						1					
					i						
					i						
					i						
					;						
					:						
						- 1					
1											
					į.						



CONOVER FIRE DEPARTMENT

PO BOX 549, CONOVER NC 28613 PHONE: 828-464-1295 FAX: 828-464-1253



				,
FIRE INS	PECTION:	SANDI	PERMITS	
BUSINESS NAME (a fecus by () a // post of the control of the cont	de S.	2.1.	DATE 3/3/14	
INSPECTOR BG	·=(47	26		· · · · · · · · · · · · · · · · · · ·
VIOLATION OR HAZABD:	المنادي	2	PERMITS/ FEES INVOICE	1009
	-	\cup	Inspection	
	-		Auto Fire Ext. System	
VIOLATION OR HAZARD:			Auto Sprinkler System	. '
· ·		مسا	Fire Alarm System	
			Compressed Gas	-
	_		Combustible dust-producing	' ,
	¬ .		operations	
VIOLATION OR HAZARD:	,		Covered mail	
		L.	Fire pumps and related equipment	
	_		Flammable/ combustible liquids	
	-	,	Fueled equipment in assembly bldg.	·
VIOLATION OR HAZARD:	'		Hazardous Materials	
VIOLATION OR HAZARD:			Industrial Ovens	
· · · ·	-		Private Fire Hydrants	
			Spraying or Dipping	
	-		Standpipe System	~
VIOLATION OR HAZARD:			Standby services	
		,	Apparatus/ Personnel/ Supplies	
,			Exhibits/ Trade Shows	
			Fire Flow Test	
The above hazards and violetions have been explained to	1		Fumigation/ Thermal Insecticidal Fogging	1.
me. I understand that I am required to correct these deficiencies immediately in accordance with all			Temporary membrane / Tents	100
applicable laws and regulations. All violations must be			Explosives/ Pyrotechnics	

deficiencies immediately in accordance with all applicable laws and regulations. All violetions must be corrected within 20 days. I am to send the pink copy of this form along with eny applicable fees to the above address for a final inspection.

Signed Kin This

Title Manufactor

Date 3: 2 1/3

Operational Use:

Amusement/ Carnival/ Exhibit/ Fair

Bobby 320 = 5337



CONOVER FIRE DEPARTMENT



PO BOX 549, CONOVER NC 28613 PHONE: 828-464-1295 FAX: 828-464-1253

REPRÉSENTATIVE TYPE/ USE OF OCCUPANCY 1		PHONE	
OCCUPANCY: NEWEXISTING			
VIOLATION OR HAZARD, / NO VIOLATIONS &		PERMITS/ FEES INVOICE	100
- ASP-CTION	1	Inspection	
		Auto Fire Ext. System	
VIOLATION OR HAZARD:	-	Auto Sprinkler System	
TOTAL ON FINEARD.	اسسا	Fire Alarm System	
v.		Compressed Gas	_
		Combustible dust-producing	
<u> </u>	. []	operations	
/IOLATION OR HAZARD:	-	Covered mall	
	1-	Fire pumps and related equipment	
		Flammable/ combustible liquids	
		Fueled equipment in assembly bldg.	
		Hazardous Materials	
VIOLATION OR HAZARD:		Industrial Ovens	
*18**		Private Fire Hydrants	
		Spraying or Dipping	
		Standpipe System	
/IOLATION OR HAZARD:		Standby services	
		Apparatus/ Personnel/ Supplies	
		Exhibits/ Trade Shows	
		Fire Flow Test	
		Fumigation/Thermal Insecticidal	<u> </u>
The above hazards and violations have been explained to		Fogging	
me. I understand that I am required to correct these deficiencies immediately in accordance with all		Temporary membrane / Tents	
applicable laws and regulations. All violations must be	: 1	Explosives/ Pyrotechnics	1
corrected within 20 days. I am to send the pink copy of	-	Operational Use:	·
this form along with any applicable fees to the above		Amusement/ Carnival/ Exhibit/ Fair	